

FILE COPY



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4797

SERIAL NUMBER 09/219,442	FILING DATE 12/23/1998 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. PF112P2D1
-----------------------------	-----------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS
JING-SHAN HU, SUNNYVALE, CA;
CRAIG A. ROSEN, LAYTONSVILLE, MD;
LIANG CAO, HONG KONG, HONG KONG;

**** CONTINUING DATA *******
THIS APPLICATION IS A DIV OF 08/999,811 12/24/1997 PAT 5,932,540
WHICH IS A CIP OF 08/465,968 06/06/1995 PAT 6,608,182
AND A CIP OF 08/207,550 03/08/1994 ABN
AL 4.7.05

**** FOREIGN APPLICATIONS *******
rule AL 4.7.05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/20/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
---	--	---------------------------	-------------------------	-----------------------	----------------------------

Verified and
Acknowledged *Chen*
Examiner's Signature Initials

ADDRESS
2219

TITLE
VASCULAR ENDOTHELIAL GROWTH FACTOR 2 AND METHODS OF USE

FILING FEE RECEIVED 9334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

RECEIVED

JUL 10 2001

TECH CENTER 1600/2900

Foreign Priority claimed

☐ yes ☒ no35 USC 119 (a-d) conditions
met☐ yes ☒ no ☐ Met afterVerified and
AcknowledgedAllowance
Chen
Examiner's Signature InitialsSTATE OR
COUNTRY
CASHEETS
DRAWING
19TOTAL
CLAIMS
32INDEPENDENT
CLAIMS
4

ADDRESS

2219

TITLE

VASCULAR ENDOTHELIAL GROWTH FACTOR 2 AND METHODS OF USE

FILING FEE
RECEIVED
9334FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of
time)☐ 1.18 Fees (Issue)☐ Other _____☐ Credit